Ark Care Homes Limited

Didsbury Court

Inspection report

17-19 Park Road
Torquay
Devon
TQ1 4QR

Tel: 01803329735

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Didsbury Court is a residential care home providing personal care to up to 20 people. The service provides support to older people. At the time of our inspection there were 15 people using the service.

People's experience of using this service and what we found
People told us they felt safe living at the service. Staff knew how to recognise signs of abuse and knew where to report them if they had concerns.

People were protected from being cared for by unsuitable staff because pre-employment checks had been carried out. However, some checks of staffs' employment history had not been completed fully. We made a recommendation to the provider about this.

Risks to people's health and safety were identified and guidance was in place to ensure people were protected from avoidable harm. Environmental risks were managed well in order to keep people safe. People were protected from the risk of infection and the service was clean and free from odour.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were stored, managed, and administered safely and records regarding people's medicines were completed effectively. People received their medicines when they needed them and as prescribed.

People, relatives and staff were positive about the management of the service and the changes being made.

Systems and processes were in place to monitor the quality and safety of the service. People and relatives were asked for their views and feedback regarding people's care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
The last rating for this service was good. (Published 21 September 2017)

Why we inspected
The inspection was prompted in part due to concerns received about the management of risks in relation to skincare, nutrition and hydration and the staff culture at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Didsbury Court on our website at www.cqc.org.uk.

Recommendations
We made a recommendation in relation to safe recruitment processes.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our safe findings below

Is the service well-led?

Good

The service was well led

Details are in our well led findings below

Didsbury Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Didsbury Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Didsbury Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the manager had submitted their application to register with the commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 8 people who used the service and 1 relative about their experience of the care provided. We spoke with the manager, deputy manager, 5 care staff and the cook. We also met with the area manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed interactions between people living at the service and staff members throughout the inspection. We reviewed a range of records. This included 4 people's care records and multiple medicines records. Various records relating to the management of the service, including quality audits were looked at.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● People were protected from being cared for by unsuitable staff because pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. However, some checks of staff's employment history had not been completed fully including exploring gaps in employment history.

We recommend the provider review its recruitment processes to ensure they comply with legislation and best practice.

● During the inspection we observed there was enough staff to meet people's needs.
● Most people told us there were enough staff to care for them. However, some people felt staff were rushed and relied too much on agency staff.
● We discussed staffing levels with the manager who told us the provider used a dependency tool based on people's assessed needs to calculate how many staff should be on duty. Staff rotas showed the provider's minimum staffing levels had been achieved.
● The manager told us they had been working hard to improve the staffing levels and were trying to recruit the right staff to ensure people were cared for safely. One person told us, "There's been more (staff) in the last few weeks to chat to. They take me out in my wheelchair to the shops."

Assessing risk, safety monitoring and management

● Risks to people's health and safety were identified and guidance was in place to ensure people were safe and protected from avoidable harm.
● People's care plans provided information about people's risks and what action staff should take to minimise the risk. For example, where people were at risk of skin damage, care plans guided staff on what action they needed to take to protect their skin such as monitoring skin for signs of damage and applying barrier creams to protect the skin.
● Staff knew about people's individual risk's and how to keep them safe. For example, the staff knew about people's dietary needs and requirements and how people wished to be supported at mealtimes.
● Where people were at risk of choking, we saw evidence of referrals to the speech and language teams (SALT) to ensure people received the correct meals and support.
● Monitoring records were in place to ensure people had sufficient food and drink. The head of care told us monitoring records were checked daily to ensure people received enough to eat and drink and records were completed consistently.

● Regular safety checks had been carried out, for example, in relation to gas and electrical systems and portable electrical appliances.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● The service was working within the principles of the MCA.
● People's capacity to make decisions was appropriately assessed and, where applicable, a best interests decision was made. However, improvements were needed to ensure staff had guidance on when to make a best interests decision regarding one person's medicines, who had fluctuating capacity. We discussed this with the manager, who told us this would be addressed.
● Appropriate legal authorisations were in place or had been applied for to deprive a person of their liberty when needed.
● People were supported to make their own decisions wherever possible. For example, people were supported to choose what clothes to wear and what food they would like to eat.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the service. One person told us, "I'm happy here, they look after me very well."
● People were protected from the risk of abuse because staff had received training and knew how to recognise and report potential abuse or poor treatment.
● Safeguarding concerns had been reported in line with local authority guidance. A log was used to document referrals, including what occurred and action taken.

Using medicines safely
● Medicines were managed safely, and people received their medicines as prescribed for them.
● Where people required medicines to be administered 'as required' such as pain medicines, guidance was in place to ensure these were administered safely.
● Medicines were stored safely, including medicines that required additional storage requirements, for example, controlled drugs. Medicine fridge temperatures were monitored to ensure medicines were stored at the correct temperature.
● Audits had been used effectively to help monitor and make sure medicines were managed safely.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes
● The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Accidents and incidents were recorded and acted upon appropriately. Where necessary, referrals were made to health and social care professionals to ensure people received the right care or support.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection, there has been a new manager and deputy manager at the service. The provider was supporting them, and there were clear lines of responsibility and accountability. Staff told us they knew who to go to if they needed support and guidance.
- Systems and processes were in place to monitor the quality and safety of the service. Checks were being carried out on a daily, weekly, and monthly basis. These included checks on people's medicines records, care plans, and health and safety within the home.
- The manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider fully understood their legal responsibilities around the duty of candour, that being their responsibility to investigate accidents, incidents and untoward events in a timely manner and share outcomes with the relevant people. Records we reviewed demonstrated this was happening at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and manager promoted a positive culture within the service. People received care that was person-centred, and the staff knew people well.
- People told us they felt positive about the changes at the service, things had improved under the new managers, and they had confidence in them. One person said, "There's more managers now, it's better. It's a good home, everything is good, management, food and staff." Another person said, "It's quite a good example of a care home. My daughter chose it here. She's happy with my care." A relative told us, "The management are brilliant, they are happy to help. They are trying to do their best. The manager comes to talk and is quite approachable."
- Staff told us they enjoyed working at the service and felt well supported by the management team. A staff member told us, "I'm so grateful they are here. I think they are firm but fair. They always listen to us, and the door is always open. You are not scared to talk to them."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

● There were systems in place to gain feedback on the service provided. People and relatives were asked what could be improved and what worked well for them at Didsbury Court. This was done through questionnaires and regular meetings.

● Staff told us they were asked their views about the service and felt listened to. A staff member told us, "They [manager's name] listen to what I say and gives us feedback."

● Staff attended regular meetings and received questionnaires to share their views.

Working in partnership with others

● The manager worked in partnership with other professionals to ensure people received appropriate care and support. This included social workers, GP's, the district nurse team and the local authority.